

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SHED		
O.I.P.E. CLASSIFIER		8	6-28-01
FORMALITY REVIEW	CC	5C1114	8-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	7/7/02	8/23/02
2	✓	✓	8/27/02
3	✓	✓	8/27/02
4	✓	✓	8/27/02
5	✓	✓	8/27/02
6	✓	✓	8/27/02
7	✓	✓	8/27/02
8	✓	✓	8/27/02
9	✓	✓	8/27/02
10	✓	✓	8/27/02
11	✓	✓	8/27/02
12	✓	✓	8/27/02
13	✓	✓	8/27/02
14	✓	✓	8/27/02
15	✓	✓	8/27/02
16	✓	✓	8/27/02
17	✓	✓	8/27/02
18	✓	✓	8/27/02
19	✓	✓	8/27/02
20	✓	✓	8/27/02
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22	✓	✓	8/27/02
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25	✓	✓	8/27/02
26	✓	✓	8/27/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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